



ROOTS PUBLIC CHARTER SCHOOL
15 Kennedy Street, Northwest
Washington, DC 20011
Phone: (202) 882-8073 fax (202) 882-8075

ADMISSION APPLICATION

Proposed Entry Date _____ SY _____ Grade _____

Student's Name _____

Age _____ Sex _____ DOB _____ Child Lives With _____

Previous School _____ Student ID# _____

Does student have special needs? Yes _____ No _____ IEP? Yes _____ No _____

Student's Physician _____ Phone # _____

Address _____
 Street _____ City _____ State _____ Zip Code _____

Mother's Name _____

Address _____
 Street _____ City _____ State _____ Zip Code _____

Home #: _____ Work #: _____ Cell # _____ Email Address _____

Employer _____ Occupation _____

Work Address _____
 Street _____ City _____ State _____ Zip Code _____

Father's Name _____ Occupation _____

Address _____
 Street _____ City _____ State _____ Zip Code _____

Home #: _____ Work #: _____ Cell # _____ Email Address _____

Employer _____ Occupation _____

Work Address _____
 Street _____ City _____ State _____ Zip Code _____

Please Note: In case of emergency, the Administration will contact the mother, father, or legal guardian. If neither can be reached, the first person on the Authorized Emergency List will be contacted.

Signature of Parent or Guardian _____ Date _____